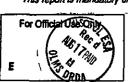


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9008	2. Fiscal Year Covered From.			
	// / Zous Through. /2/31/2005			
3 Name and address of person filing	4 Name file number and address of labor organization.			
Name MEIVIN D. CUTREII	Name TEAMSTERS LOCAL UNION NO 688			
	Labor Organization File Number 025_47			
P O Box Bldg Room No if any	P O Box Building and Room Number if any			
Street 300 So GRANO	Street 300 So GRAND			
City ST Cours	City ST Cours			
State ZIP Code + 463103 - 2448	State //O ZIP Code + 4 63103-2448			
5 Position in labor organization BUSINESS REPRESENTATIVE				
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization of the second sec	derived income or other economic benefit of on represents or is actively seeking to represent. 7 a Nature of Interest, Transaction or Income			
PO Box Bldg Room No if any	7 b Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)				

Signed

Telephone Number

Name of Person Filling ME/VIN D COTREIL	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name SPECTOR+ Wolfe L. LC Trade Name if any ATTORNEYS AT LAW PO Box Bidg Room No if any SUITE 101 Street 206 WGT- ARGONNE City KIRKWOO 21P Code+4 63122	9 Business deals with X a Labor Organization b Trust c Employer			
10 if 9 b or 9 c is checked give trust or employer's name Name Trade Name if any: P O Box, Bidg Room No if any	11 a Nature of such dealing ATTORNEY PROVIDES LEGAL SERVICES FOR TEAMSTERS LOCAL UNION 688			
City	11 b Approximate dollar value of such dealing 12 a Nature of interest held or Income received CHRISTMAS GIFT -ONE Box of STEAKS			
	12 b Amount 4768			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a. Name and address of Employer or Labor Relations Consultant (Including trade name if any)	14 a Nature of payment.			
Name				
Trade Name if any				
PO Box Bldg Room No if any				
Street				
City	74			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.			

Name of Person Filing ME/VIN D CUTRE!		File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name AMERICAN THOME CHE THIS JEANCE Trade Name if any PO Box, Bidg Room No if any Po, Box 2608 Street City WACO	9 Business deals with. X a Labor Organiza b Trust c. Employer	tion ,		
State TEXAS ZIP Code +4 76797				
10 If 9.b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box, Bidg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing This make Co-Markets Policies to Union MEMBERS AND THEIR FAMILIES BY HAWAY TOLERAGE MAILED BY THE UNION TO THE MEMBER THE THIS MANGE COMPANY HAY NO DIRECT CINTRET WITH UNION MEMBERS 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received No COST ACCIDENTAL DEATH THIS WANCE POLICY (DEATH BENEFIT ADORGO) AS MADE AVAILABLE TO ALL MEMBERS OF TEAMSTERS COCAL 6 PS			
	12 b Amount.			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13 b is the Business an Employer or Consultant?	14 D ATHOURL OF PAYMENT.			

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The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004 Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and one or more items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will promptly file an amended Form LM-30

Signature

Date